



2662.

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	26	Application No.	09/714,382
		Filing Date	November 15, 2000
		First Named Inventor	Kell Michael Jensen
		Art Unit	2662
		Examiner Name	McLoughlin, Michael I.
		Attorney Docket Number	42390P9690

MAR 18 2004

Technology Center 2600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 11, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Margaux Rodriguez
Signature	
Date	March 11, 2004

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

OIPC
JCT/17
MAR 15 2004

FEET TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

430.00

Complete if Known	
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First Named Inventor	Kell Michael Jensen
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Art Unit	2662
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METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	
1001	2001	385	Utility filing fee
1002	2002	170	Design filing fee
1003	2003	265	Plant filing fee
1004	2004	385	Reissue filing fee
1005	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
27	10	30* = 0	X 18.00 = \$0.00	
		5* = 5	X 86.00 = \$430.00	

Multiple Dependent

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee (\$)	
1202	2202	9	Claims in excess of 20
1201	2201	43	Independent claims in excess of 3
1203	2203	145	Multiple Dependent claim, if not paid
1204	2204	43	**Reissue independent claims over original patent
1205	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)	
430.00			

**or number previously paid, if greater. For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	
1051	2051	65	Surcharge - late filing fee or oath
1052	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	2053	130	Non-English specification
1812	1812	2,520	For filing a request for ex parte reexamination
1804	1804	920 *	Requesting publication of SIR prior to Examiner action
1805	1805	1,840 *	Requesting publication of SIR after Examiner action
1251	2251	55	Extension for reply within first month
1252	2252	210	Extension for reply within second month
1253	2253	475	Extension for reply within third month
1254	2254	740	Extension for reply within fourth month
1255	2255	605	Extension for reply within fifth month
1404	2401	165	Notice of Appeal
1402	2402	165	Filing a brief in support of an appeal
1403	2403	145	Request for oral hearing
1451	2451	1,510	Petition to institute a public use proceeding
1452	2452	55	Petition to revive - unavoidable
1453	2453	665	Petition to revive - unintentional
1501	2501	665	Utility issue fee (or reissue)
1502	2502	240	Design issue fee
1503	2503	320	Plant issue fee
1460	2460	130	Petitions to the Commissioner
1807	1807	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	Submission of Information Disclosure Stmt
8021	8021	40	Recording each patent assignment per property (times number of properties)
1809	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
1801	2801	385	Request for Continued Examination (RCE)
1802	1802	900	Request for expedited examination of a design application
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone	(310) 207-3800
Signature				Date	

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
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